

New Directions in Health Care: How Will Community Health Centers Fare Under Health Reform?

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This is New Directions in Healthcare. Today we're talking about a new study from The Commonwealth Fund based on the findings from a survey of federally qualified health centers. These community health centers are the core of the ambulatory care safety net—serving some 16 million Americans, regardless of their ability to pay.

Michelle Doty, assistant vice president and director of survey research at The Commonwealth Fund and lead author of the report, says that community health centers are under great pressure to meet the demand for care—demand that is expected to increase even more with the expansion of coverage to millions of Americans under the newly passed health reform legislation.

“Community health centers serve medically underserved areas, patient populations that are predominantly low income, minority, and uninsured or rely heavily on public insurance. They provide comprehensive care—including dental and mental health— but also a lot of extra services like language translation, transportation to and from appointments, and case management. So they face a lot of challenges, partly because of insufficient funding.”

“With the enactment of health reform, centers are likely to face even greater demands for their services—which is why it's really important to assess and describe what the current capacity is and also spotlight areas where improvement could lead to better access, or improvement in quality of care.”

In 2009, The Commonwealth Fund surveyed all 1,000 federally qualified health centers and then followed up with interviews of 795 health center directors. The researchers looked at measures such as health centers' ability to provide access to care; their ability to coordinate care and obtain specialty services for their patients; their engagement in quality improvement and reporting; and their use of health information technology.

While community health centers are able to provide much primary and chronic disease care, they must refer patients for specialty care and diagnostic testing, including for cancer care and other services. Melinda Abrams, assistant vice president and director of the Commonwealth Fund's Patient-Centered Coordinated Care program, points to the survey's most notable finding.

"Most health centers report difficulty in obtaining specialty care for their patients—even when those patients have insurance. Several centers report however that when their physicians have admitting privileges at the local hospital, they can more easily obtain offsite imaging and lab tests or follow-up treatment for their patients. Those health centers that also had kind of a formal affiliation with hospitals were also more likely to

report more timely communication about care for their patients – either about emergency department usage or upon discharge. The truth is that even when there is that affiliation or partnership health centers still struggle to be able to arrange follow-up consultations or tests for their patients."

Health centers face this problem because there are not enough providers willing to accept uninsured or Medicaid patients. There are also shortages of specialists in rural and other areas. So what can be done to improve access to specialty care? Melinda Abrams:

"To achieve better specialty care for our health center patients, we're going to need incentives – to encourage community health centers and specialists as well as community or public hospitals to partner where they have to share responsibility for poor and uninsured patients. One promising approach that's being discussed more and more around the country and included in the health reform legislation is the accountable care organization, which is a network of providers across the spectrum that are willing to manage the full range of care and be accountable for the overall cost and quality for a defined patient population."

Dr. Paul Kaye, chief medical officer of Hudson River HealthCare, a network of 16 community health centers serving 42,000 patients in New York's Hudson Valley, says Hudson has used a variety of tactics to try to improve patients' access to specialty care.

"We have developed a position called the patient care partner in each site, a person who handles the referrals and in the course of doing that they become knowledgeable about what resources are available, who is willing to see patients with what kind of coverage, and I think maybe most importantly they get to know the office staff at specialists' office—which is sometimes the way you get anything done."

"CHCs are increasingly trying to bring some specialty care in house, understanding that our primary mission is primary care, but that many specialties, such as endocrinology and cardiology are going to follow the needs of our patients with chronic conditions – and almost should be considered an extension of primary care. The idea of a consulting endocrinologist or a consulting cardiologist who comes in once a month and sees patients but is also available to the primary care staff to help them with difficult cases to obviate the need for referral, this is another way to increase access to specialty care."

"The last thing we're working on is a dermatology project through a local dermatologist who is working with Mt. Sinai in the city, to have our primary care folks develop some expertise in dermatology locally and then take pictures using a regular camera and dermatoscope, which is a kind of giant magnifying glass, and forward them to the Mt. Sinai staff and then their residents with faculty supervision will read those pictures and consult back to our folks. So telemedicine and teleconsultation may be another way to get specialty care to our populations."

The survey assessed the capacity of community health centers to serve as "patient-centered medical homes" for their patients—providing among other things 24/7 access, management of chronic conditions, and coordination among care teams.

“We created a scale to describe the stages of development of community health centers as patient-centered medical homes. What we found is that although many centers possess capacities in a number of these domains few report capacity in all five. For example we found that centers did an excellent job of collecting performance data on clinical outcomes or patient satisfaction surveys: almost all--99% --of centers were able to do this. But few were able to receive alerts or prompts to provide patients test results of lab tests – so patient tracking or registry function were areas that need improvement.”

Dr. Kaye describes some of the steps Hudson HealthCare has taken to provide "medical homes" for their patients.

"In the last decade we have added lots of sites ... and we've made sure evening hours were available at least one a week, and all of our sites have a physician available 24/7."

"We implemented electronic medical records for good clinical decision support – and also the ability to really manage the patient population.... We can get lists of people with certain illnesses that haven't been here, blood tests that are out of control—and we can call them and work with them.

"The last thing we have been working on lately is really trying to improve the nursing care we've been giving for our complex and challenging patients."

Abrams points to several provisions of the new health reform law that will bring some relief to community health centers—and encourage innovation.

"For example, to address the anticipated increase in demand for health center services as millions of Americans gain health insurance coverage, particularly in the Medicaid program, Congress has authorized \$11 billion in new funding to expand the health center program. Medicare will begin to pay health centers prospectively –which is consistent with how Medicaid currently pays health centers – and also expand the list of preventive services currently covered under Medicare."

"There is \$1.5 billion to support the National Health Service Corps for scholarships and loan repayment assistance to clinicians who agree to serve in medically underserved areas – approximately 50% of the Health Service Corps clinicians work in community health centers.....There is also support for developing residency training programs in health centers."

"The health reform bill provides tremendous opportunity to improve access and quality of care at federally qualified health centers by testing new payment and delivery programs. For example there is a grant program to establish community-based collaborative care networks for low-income programs."

Dr. Kaye agrees that the new law could help community health centers.

"Of course we are excited about the new funding, but I certainly hope that equal attention will be given to strengthening existing centers as it will be to opening new ones. We've really only begun to scratch the surface of what better organized, better coordinated care can mean for our population."

"The other thing that excites me is the possibility of a new reimbursement model. Buried in the legislation is the authorization for CMS to undertake pilots and demonstration for innovative ways to change reimbursement for care."

Through considerably increased funding—about five times the current budget—and workforce development, as well as programs to test new payment methods and models of care coordination, the health reform law offers great potential to help community health centers fulfill their mission to provide high-quality care to all. Visit the Commonwealth Fund site to read the full survey report and learn more about efforts to promote patient-centered primary care.

You've been listening to *New Directions in Healthcare*, the Commonwealth Fund's podcast. I'm Martha Hostetter.

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